



**QUEEN'S
UNIVERSITY
BELFAST**

Use of maternity surveys in improving the care experience – a review of the evidence

Fowler, G., & Patterson, D. (2013). Use of maternity surveys in improving the care experience – a review of the evidence. *British Journal of Midwifery*, 21(6), 410-414. <https://doi.org/10.12968/bjom.2013.21.6.410>

Published in:
British Journal of Midwifery

Document Version:
Peer reviewed version

Queen's University Belfast - Research Portal:
[Link to publication record in Queen's University Belfast Research Portal](#)

Publisher rights
Copyright 2013 British Journal of Midwifery

General rights
Copyright for the publications made accessible via the Queen's University Belfast Research Portal is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy
The Research Portal is Queen's institutional repository that provides access to Queen's research output. Every effort has been made to ensure that content in the Research Portal does not infringe any person's rights, or applicable UK laws. If you discover content in the Research Portal that you believe breaches copyright or violates any law, please contact openaccess@qub.ac.uk.

Use of maternity surveys in improving the care experience: - a review of the evidence

Abstract

The use of surveys and direct feedback from women as a measurement of their maternity experience is seen as a means of stimulating quality improvement. Underpinning the overall rationale behind national maternity surveys is the acknowledgement that there is a need to document women's views of maternity services to inform policy makers with a view to enhancing the delivery of quality care to women. The evidence suggests that using maternity surveys to improve maternity care experience is central to UK health policy. It is also evident that qualitative input from women has the power to highlight mismatches of experience between women and professionals. Trusts are required to look to the future and invest in qualitative methodologies, which elicit rich and detailed information on the woman's experiences. The aim of this literature review is to critically analyse the use of maternity surveys and their validity in improving the care experienced by users of maternity services.

Key words: maternity satisfaction, mother's satisfaction, maternal satisfaction surveys, maternity liaison committee, experienced - based design, patient surveys, national surveys and patient focused intervention.

Introduction

Patient experience is a recognised component of high quality care (Darzi, 2008), yet there is negligible increase in the number of people who rate their care as excellent according to the last seven national inpatient surveys conducted by the Healthcare Commission (2009) now the Care Quality Commission. There is emerging evidence to suggest that institutions with a strong emphasis on providing high quality patient experience have better health outcomes, (NHS Confederation, 2010). Additionally, hospitals, which score high in providing patient-centred care, often have lower costs per case and shorter lengths of stay, Department of Health (DH) Report on National Patient Choice Survey (2010b). In light of this corpus of evidence the Coalition Government have set policy priorities, specified in the Governments White Paper on Health, 'Equity and Excellence', (2010a), outlining plans to make patient experience a measureable outcome of care.

In England the quality survey programme strategy involves a National Patient Survey Programme (encompassing midwifery, nursing and medical care), which was launched in 2002. Specifically in relation to maternity services in 1998 the Audit Commission conducted the first National Maternity Survey (Garcia et al, **1998**) prior to the National Patient Survey Programme coordinated by Healthcare Commission and Care Quality Commission. It was not until 2006 that the NPEU carried out a second National Maternity Survey (Redshaw et al, 2007), motivated by the publication of the National Service Framework for Children, Young People and Maternity Services (DH, 2004). The NPEU maternity survey was based on and used similar methods to those employed in 1998. Then in 2007 the Healthcare Commission published its largest maternity survey to date with responses from

26,000 women giving each Trust in England its own report. A Trust in Northern Ireland funded its inclusion in this National Maternity Survey. Subsequently, concerns over safety at three English Hospital Trusts led to high profile investigations, the best known of these being Northwick Park Maternity Service (2006). Additionally, concerns at other Trusts culminated in the Healthcare Commission deciding to undertake a full review of the whole maternity service in England. This approach to assessment was groundbreaking, in its scope, depth and methods (Healthcare Commission 2008).

Search strategy

The search strategy was based on the above taxonomy of maternity and patient satisfaction surveys of the care experience. An electronic search was conducted using key words and synonyms to search relevant databases, these were: maternity satisfaction, mothers satisfaction, maternal satisfaction surveys, maternity liaison committee, experienced - based design, patient surveys, national surveys, patient focused intervention. The following data bases were used; Medline, CINAHL Plus, British Nursing Index (BNI), PubMed, Maternity and Infant Care, EBSCO Psychology and Behaviour Sciences. Other websites were accessed; Birth, Evidence Based Midwifery, King's Fund, Picker Institute, National Perinatal Epidemiology Unit (NPEU), Health Care Commission, the NHS Confederation, NHS, Department of Health, Royal College of Midwives, Institute for Innovation and Improvement, Belfast Health and Social Care Trust. Specialist websites including those of patient organisations and a reference scan of key papers was included. No significant survey strategies in Scotland or Wales were identified. 172 published reports and commentaries were included that specifically describe maternity surveys and survey

programs that improve the care experience. The only restrictions made were to articles not published in English and within the time frame 1998 - 2012. This was to ensure that the literature was current and relevant to recent trends. Papers published before 1998 were excluded. The literature search was refined and the following questions were asked for each citation: -

1. Was the purpose of the maternity surveys to improve the care experience and in particular was it used as a means for stimulating quality improvement in relation to patient centered care?
2. Was the literature reviewed in the nature of reports, surveys, guidelines, research papers or reviews?

Selection of the literature was conditional upon an affirmative answer to either or both of these questions. The relevance and content of such selected paper was determinative of inclusion in the review. Through this process 35 papers were identified. Papers were read and analysed in terms of content, reliability and validity. The following themes were identified and discussed within subheadings; women's experience of maternity care, maternity surveys in improving quality of care, review of maternity services, barriers to change, benchmarking and emerging approaches to improving women's experience. The papers selected were those limited to one discrete aspect of utilising client feedback to improve care experience, specifically those capturing and using feedback from maternity qualitative studies and quantitative surveys.

Trends in women's experience of maternity care

NPEU surveys conducted in 2006 and then in 2010, examined trends in women's experience of maternity care in two English National Maternity Surveys.

Methodological consistency remained throughout the survey reports as similar structure and headings were evident, assisting with comparison of results. The aim remained the same in both surveys and in fact was similar to the survey conducted in 1998. The surveys foci were on changing maternity services and populations served and the need to document views of women with recent experience of maternity care. Consistent survey methods were employed in 1998, 2006 and 2010, however the sample size differed between the last two surveys; 4,800 women in 2006 against 10,000 in 2010. Response rate in 2006 was 63% against 54% in 2010; the investigators suggest that this drop related to extreme weather conditions during 2010 survey. Exclusion criteria remained consistent. The data reflected the principles of care contained within the relevant National Institute for Clinical Excellence (NICE) guidelines. Data analysis was robust in both surveys and methods followed those used in earlier maternity surveys allowing for comparisons. Any changes to the instrument were tested with a small number of women in cognitive interviews to ensure that additional questions could be understood and answered. Survey investigators state their reports provide a benchmark of current practice and a baseline for measuring change in the future. These studies are intended to and do inform policy in maternity care and support implementation of change as the survey data provides the parliamentary Health Committee with evidence of the quality of maternity care (House of Commons Health Committee 2003). Additionally, the survey data contributes to NICE discussions with particular reference to Intrapartum Care Costing (NICE 2007). Here, consideration is being given to the possibility of increased numbers of women wishing to use the birthing pool as a method of pain relief prompting Trust managers to review their facilities. However, a limitation in the programme is the lack of analysis of the extent to which individual Trusts in England

have used the surveys as a basis for implementing change. This vital aspect was not discussed in the reports and it appears not to be the remit of investigators to follow up change and improvement to care.

Improving women's experiences of maternity care

Picker Institute, in 2007 and 2010, conducted Healthcare Commission and CQC Maternity Surveys outlined in Table 1. The Commission implemented this major programme of work to further improve quality of services in England. The CQC differs from NPEU in that they have a regulatory duty to ensure all Trusts in England surveyed use the results to improve quality of care. Trusts in breach of certain criteria may face a range of responses from CQC from support and help right through to the ultimate sanction of closure of unit where patient safety has been compromised. This is achieved by providing each Trust with an individual summary report benchmarked against its counterparts. Additionally, the CQC provides to each Trust support to create an action-plan and implement change. The questionnaire used for these surveys was developed by NPEU. The NPEU survey is different from the CQC surveys in that it has a smaller sample size, it complements the main national survey providing a national picture whereas the CQC surveys are larger and designed to assess individual Trusts performance and identify areas for improvement. Results of these two national surveys demonstrate improvements are being made in many Trusts but there are still areas of concern, particularly in the postnatal period. These surveys also show that the quality of care women experience in certain areas varied widely and between different Trusts and different parts of the country.

Maternity surveys in improving quality of care

Arguably the maternity surveys used in the National Maternity Programme are methodologically sound and effective in improving the maternity experience. Indeed this literature review would suggest that the NPEU for policy research and CQC as survey contractors lead the way in development and conduct of maternity surveys. However, Coulter et al (2006), highlighted research methodological difficulties involved in assessing patient surveys associated with care and service experience. Care surveys pose reliability and effectiveness problems, in relation to how well the findings can be applied to policy and practice. At this juncture it is pertinent to evaluate the maternity surveys conducted by these leading organisations.

Review of maternity services and barriers to change

Additional to the 2007 and 2010 Commissioned National Maternity surveys a further survey was conducted in 2008 to review English Maternity Services. NPEU developed this survey. This review drew information from several different sources and perspectives, including information from Trusts and staff. The report was clear in its evaluation that overall results were favourable due to the influence of some top performing Trusts however these commendable results overshadowed and concealed poor results in other Trusts. While women were generally happy with care, there were concerns about particular aspects of it, some women during labour were left alone at a time when it worried them and rates of Caesarean section were nearly always higher than levels recommended. Many Trusts had not learned from previous reports and investigations. In fact the report set out significant weaknesses nationally showing a clear correlation with those identified in earlier surveys where lessons quite simply had not been learned. Women still reported that during labour

they did not get pain relief when wanted and that they would like to see a midwife more often after the birth of their baby Coulter et al (2006) contends that in Trusts there can be barriers to change including lack of support for the value of patient-centred care due to competing priorities and lack of an effective quality improvement infrastructure. Professional barriers include staff not being used to focusing on patient interaction as a quality issue, individuals not necessarily having been selected, trained or supported to provide patient-centred care. Also, scepticism, defensiveness or resistance to change following survey feedback has been implicated. Factors that have promoted use of survey data includes board-led strategies to change culture and create quality improvement forum, leadership from senior managers and persistence of quality improvement staff over several years in demonstrating changes in other areas. Trends were identified in the National Maternity survey in England and that high satisfaction was associated with shorter duration of labour, women receiving adequate pain relief, cared for by fewer midwives, spoken to in a way they could understand, treated with kindness, having confidence and trust in staff and given the information and explanations they needed.

Benchmarking maternity care

In Northern Ireland, the Picker Institute conducted a maternity survey and provided an individual report to the relevant Trust. Although the Trust was not part of the National Survey Programme for England they were benchmarked against 69 comparable English Trusts. A sample of 386 new mothers were surveyed, results reviewed and action plan developed. An action-plan was completed and actions implemented for 7 discrete questions with quality improvements instigated and

made. One of the issues identified by mothers in the Picker survey was mothers not having a contact number of a midwife during pregnancy. To improve this issue, midwife contact numbers were placed on mothers booking appointment cards and hospital booklet contact numbers updated. As involvement in the National Maternity Survey (2010) did not occur, the effects of any changes in the organisation and with the client group cannot be assessed.

Emerging new qualitative approaches

This literature review identified a small number of UK local maternity surveys in journal articles. Interestingly, prior to 2004 and just before the launch of the National Patient Survey Programme discussions took place as to how meaningful patient satisfaction surveys were as an indicator of patient experience of health care. Two articles in particular Jenkinson et al (2002) and Van Teijlingen, et al (2003) emphasised pitfalls in implementing change based upon patient feedback, they observed that if the survey methodology was simplistic the efficacy of change was disputed, if too complex a deterrent to understanding the reason for change. Despite this they concluded that if the survey describes the methodology and is conducted well, including an explanation of the difficulties in devising a satisfaction survey, the results and implications are more likely to be accepted. Additionally, these authors queried associating satisfaction as an outcome measure. They suggested that patient satisfaction scores present a limited and optimistic picture and that detailed questions about specific aspects of maternity experiences are likely to be more useful for monitoring performance, giving direction on how care is delivered and how it could be improved (Jenkinson, 2002). For a period of five years there was a dearth of local qualitative and quantitative surveys however in the past two years there have

been numerous quality articles presenting survey data from English Maternity Trusts. They are predominately qualitative in design and have a specific focus on midwifery models of care and maternity care experiences. Interestingly, a Cochrane Systemic Review was conducted (Hatem, 2010) reviewing midwifery-led care and its contribution to the safety and quality of women's care. The review concluded by stating that policy makers wishing to improve quality and safety of maternal and infant health should consider midwife-led models of care. Postnatal in-patient care experience (Beake et al, 2010) was also qualitatively studied in an English maternity hospital reflecting the national survey findings that in-patient postnatal care is an area that is consistently highlighted as problematic. The results of this study did inform revision of the content and planning of in-patient maternity care consequently improving maternity experience.

Discussion

In light of some Trusts in England not acting on survey data, slow progress towards users of the service rating their care as excellent and emerging evidence that institutions with strong emphasis on providing high quality user experience are demonstrating better outcomes of care; an additional qualitative approach is being promoted. This is demonstrated by Local Trusts who have embarked on Experienced-based design (EBD) a method of securing sustained service improvements (Roberts and Bate 2006). This process identifies key touch points (moments of truth), which have shaped the personal experiences of women on their journey through the maternity service. Semi-structured interviews are conducted with a small number of volunteers and carers, one-to-one interviews with mothers and staff. Arguably, quantitative satisfaction surveys although widely used as a measure

of service acceptability are limited in achieving sustained quality improvements in healthcare (Guillick et al, 2008). As a result additional qualitative input from women is advised as qualitative data has the power to highlight mismatches of experience between women and professionals. Although qualitative methodologies such as phenomenology and ethnography elicit rich and detailed information as expressed in the local research studies discussed earlier, they require more time and expertise than may be considered available for quality monitoring. Consequently, quantitative satisfaction surveys are used without additional qualitative input, however, Trusts should be aware that achieving sustained quality improvements with quantitative surveys is limited. However, as suggested in Midwifery 2020 UK Programme (2010), use of real time patient feedback techniques (Midwifery 2020) with triangulation methods specifically quantitative (questionnaires), qualitative (forums) along with use of Maternity Liaison Committee user representative will give the information needed to make informed decisions about the service.

Conclusion

In conclusion, the evidence suggests that using maternity surveys to improve maternity care experience is central to UK health policy. The strategic English National Maternity Survey Programme has ensured frequent robust surveys are conducted where comparisons and trends are assessed and improvements implemented. Northern Ireland does not have such a programme, however, a review of maternity services has taken place, which has informed the development of a Maternity Strategy, which does acknowledge the importance of improving user's experiences. Since 2006, the DH has funded maternity survey development with its survey contractors, The Picker Institute and NPEU in developing robust survey

instruments. Review of survey methodologies suggests confidence in the validity and reliability of all aspects of the studies. Regrettably, feedback of the results of the maternity surveys, to certain Trusts were not sufficient to stimulate quality improvements. This resulted in the CQC being required to use its regulatory power to persuade Trusts to implement change and raise standards following adverse feedback in reporting survey results to the public. Recent local qualitative and quantitative researchers are investigating issues highlighted in the English National Surveys identified as being poor; specifically in-patient postnatal care. National survey data comparisons identified only a negligible increase in mothers rating their care as excellent, prompting a new approach-Experienced-Based Design. An approach developed for UK Trusts to ensure sustained service improvements tailored to local needs and expectations. Trusts that have just embarked on an EBD project as a one off study will find that it is not sufficient to allow a credible evaluation of the tool's effectiveness in ensuring continued service improvements. Trust managers need a systemic way of monitoring the quality of their services (Coulter 2006) and repeat surveys provides longitudinal data on services performance, showing aspects of the mothers experience that has improved (Reeves 2008). Service Management Plans should reflect this.

References: -

Beake S, Rose V, Bick D, Weavers A, Wray J (2010) A qualitative study of the experiences and expectations of women receiving in-patient postnatal care in one English maternity unit. *BMC Pregnancy Childbirth* 10 (70): 1-9

Belfast Health and Social Care Trust (2007) *Maternity Survey: final report*. Picker Institute Europe, Oxford

Care Quality Commission (2009) *Adult In-patient Services Survey in England*. CQC, London

Care Quality Commission (2010) *Survey of women's experiences of maternity services in England*. CQC, London

Coulter A, Ellins J, (2003) *The European Patient of the Future*. Open University Press, Maidenhead

Coulter A, Ellins J (2006) *Patient-focused interventions: A review of the evidence*. Picker Institute Europe, Oxford

Cronin P, Frances R, Coughlan M, (2008) Undertaking a literature review: a step-by-step approach. *British Journal of Nursing*, 17 (1): 8-11

Davis K, Schoen C, Stremikis K (2010) *Mirror, mirror on the wall: how the performance of the US. Health care system compares internationally*. Update Commonwealth Fund, USA

Department of Health (2000) *The NHS Plan: a plan for investment, a plan for reform*. The Stationary Office, London

Department of Health (2004) *National Framework for Children, Young People and Maternity Services*. DH Publications, London

Department of Health (2010a) *Equity and excellence: liberating the NHS*. The Stationary Office, London

Department of Health (2010b) *Report on the national patient choice survey in England*. The Stationary Office, London

Department of Health, Social Services and Public Safety (2006) *Audit of Acute Maternity Services: Final Report (volume 1)*. DHSSPS, Belfast

DHSSPS (2012) *A Maternity Strategy for Northern Ireland 2012-2018*.

DHSSPS, Belfast

Available from: <http://www.dhsspsni.gov.uk> (Accessed July 30, 2012) (Internet).

Draper M, Cohen P, Buchan H (2001) Seeking consumer views: what are the results of hospital patient satisfaction surveys? *International Journal for Quality in Health Care* 13 (6): 463-468

Garcia, Jo. Redshaw, M, Fitzsimons, B. (1998) *First class delivery: a national survey of women's views of maternity care*. Audit Commission, London

Gullick J, Shimadry B, (2008) Using patient stories to improve quality of care. This is an extended version of the article in *Nursing Times*, 104 (10): 33-34 *Nursing Times.net*.

Available from: <http://www.nursingtimes.net> (Accessed April 15, 2011) (Internet).

Hatem M, Sandall J, Devane D, Soltani H, Gates S (2008) Midwife-led versus other models of care for childbearing women. *Cochrane Database of Systematic Reviews*, Issue 4. Art. No.: CD004667. DOI: 10.1002/14651858.CD004667.pub2

Healthcare Commission (2007) *Women's experience of maternity care in the NHS in England*. Commissions for Healthcare Audit and Inspection, London

Healthcare Commission (2008) *Towards Better Births: a review of maternity services in England*. Commissions for Healthcare Audit and Inspection, London

House of Commons Select Committee on Health Written Evidence (2003) *Memorandum by National Perinatal Epidemiology Unit (MS 56)*. The Stationary Office, London

Available from: <http://www.parliament.uk> (Accessed March 18, 2012) (Internet).

Jenkinson C, Coulter A, Bruster S, Richards N, Chandola T (2002) Patients' experience and satisfaction with health care: results of a questionnaire study specific aspects of care. *Quality and Safety in Health Care* 11 (4): 335-339

LoBiondo-Wood G, Haber J (2010) *Nursing Research: Methods and Critical Appraisal for Evidence-Based Practice* (7th edition). Mosby Elsevier, Missouri

Lord Darzi (2008) *High quality care for all: NHS next stage review final report*. Department of Health, London

McAree T, McCourt C, Beake S. (2010) Perceptions of group practice midwifery from women living in an ethnically diverse setting. *Evidence Based Midwifery*, 8 (3) 91-97

Department of Health (DH) Department of Health and Social Services Northern Ireland (DHSSPS), The Scottish Government (SGS), Welsh Assembly Government (WAG) (2010) *Midwifery 2020 Delivering Expectations*. HMSO, Edinburgh

National Health Service Confederation (2010) *Feeling Better? Improving patient experience in hospital*. NHS, London

National Institute for Health and Clinical Excellence (2007) *Intrapartum care of healthy women and their babies during childbirth*. Costing statement. NICE, London

Nursing and Midwifery Council (2011) *NMC review: Policy, practice and public protection*. NMC, London

Polit D, Beck C, (2010) *Essentials of Nursing Research: Appraising the Evidence for Nursing Practice (7th edition)*. Lippicott Williams and Wilkins, London

Redshaw M, Rowe R, Hockley C, Brocklehurst P (2006) *Recorded delivery: a national survey of women's experience of maternity care*. NPEU, Oxford

Redshaw M, Heikkila K, (2010) *Delivered with care: a national survey of women's experience of maternity care*. NPEU, Oxford

Reeves R, Seccombe I (2008) Do patient surveys work? The influence of a national survey programme on local quality-improvement initiatives. *Quality and Safety in Health Care* 17 (6): 437-441

Robert, G, Bate P (2006) *Piloting, Testing and Evaluating Experienced-based design (EBD): key findings and lessons for the future*. University College London, London

Sandall J, Devan D, Soltani H, Hatem M, Gates S (2010) Improving quality and safety in maternity care: the contribution of midwife-led care. *Journal of Midwifery Women's Health* 55 (3): 255-61

Van Teijlingen E, Hundley V, Rennie A (2003) Maternity satisfaction studies and their limitations: 'What is, must be Best'. *Birth* 30 (2): 75-82